

# Collier Shannon Scott

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February 7, 2001

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BOX CPA  
Assistant Commissioner For Patents  
Washington, D.C. 20231

**Re: U.S. Patent Application Serial No. 08/993,564**  
**For: CHIMERIC EMBRYOS AND ANIMALS**  
**CONTAINING HUMAN CELLS**  
**Our Reference: 45010-00601**

Dear Sir:

Transmitted herewith for filing in the U.S. Patent and Trademark Office in connection with the above-referenced application are the following documents:

- (1) Transmittal letter;
- (2) Fee Transmittal;
- (3) Amendment and Response (42 pages) with Exhibit A;
- (4) Petition for Extension of Time Under 37 CFR 1.136(a);
- (5) Information Disclosure Statement (citations noted with an "x" will be forwarded under separate cover); and
- (6) Two checks totaling \$637.00 (\$192.00 for extra claims fees; and \$445.00 for a three-month extension of time in which to file a response).

Sincerely yours,

A handwritten signature in black ink, appearing to read "J. N. Coulby", written over a horizontal line.

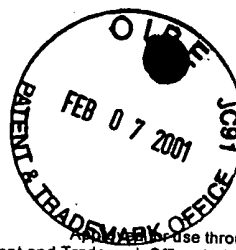
JOHN N. COULBY, Reg. 43,565

Enclosures

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Please type a plus sign (+) inside this box → ☐

PTO/SB/21 (08-00)

Applicable through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application Number	08/993,564	
	Filing Date	December 18, 1997	
	First Named Inventor	Stuart A. Newman	
	Group Art Unit	1633	
	Examiner Name	J. Martin	
Total Number of Pages in This Submission	52	Attorney Docket Number	45010-00601

**ENCLOSURES** (check all that apply)

- |   |   |  |
|---|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input checked="" type="checkbox"/> Fee Attached<br><input checked="" type="checkbox"/> Amendment / Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input checked="" type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Response to Missing Parts/Incomplete Application<br><input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers (for an Application)<br><input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Group<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input type="checkbox"/> Other Enclosure(s) (please identify below): |
|---|---|--|

Remarks

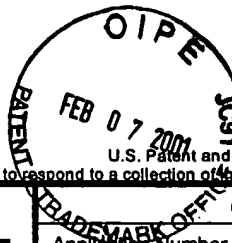
**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual name	JOHN N. COULBY, Reg. No. 43,565
Signature	
Date	February 7, 2001

**CERTIFICATE OF MAILING**I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: 

Typed or printed name			
Signature		Date	

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PTO/SB/17 (11-00)

Approved for use through 10/31/2002. OMB 0851-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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# FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$ 637.00

Complete if Known

Application Number	08/993,564
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Examiner Name	J. Martin
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METHOD OF PAYMENT		FEE CALCULATION (continued)																																																																																																																							
<b>1.</b> <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to: Deposit Account Number <input type="text"/> Deposit Account Name <input type="text"/> <input type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		<b>3. ADDITIONAL FEES</b>																																																																																																																							
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SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	JOHN N. COULBY	Registration No. (Attorney/Agent)	43,565
Signature		Telephone	202.342.8400
		Date	February 7, 2001

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